

**FOR PROFIT CORPORATION  
UNIFORM BUSINESS REPORT (UBR)**

**FILED**  
**Jun 19, 2002 8:00 am**  
**Secretary of State**

05-17-2002 90042 037 \*\*\*150.00

DOCUMENT # P99000078136

1. Entity Name

Alicia Baby's store Corp. ✓

**DO NOT WRITE IN THIS SPACE**

2. Principal Place of Business

24420 S. Dixie hwy

Suite, Apt. #, etc.

F-10 A

City & State

Princeton Florida

Zip

33032

Country

3. Mailing Address

20131 SW 123 Dr

Suite, Apt. #, etc.

City & State

Miami FL

Zip

33177

Country

4. FEI Number

65-0998617

Applied For

Not Applicable

5. Certificate of Status Desired

**\$8.75 Additional  
Fee Required**

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IN THIS SPACE**

7. Name and Address of Current Registered Agent

Name Rebecca Fuentes

Street Address (P.O. Box Number is Not Acceptable)

20131 SW 123 Dr

City Miami State Florida Zip Code 33177

Zip Code

33177

8. The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE

R

Signature, typed or printed name of registered agent and title if applicable.

(NOTE: Registered Agent signature required when reinstating)

DATE

9. This corporation is eligible to satisfy its Intangible

Tax filing requirement and elects to do so.

(See criteria on back)

**January 1 - May 1 Fee is \$150.00**  
**After May 1, Fee is \$550.00**  
**Amended UBR is \$61.25**  
**Make Check Payable to Department of State**

10. Election Campaign Financing  
Trust Fund Contribution.

**\$5.00 May Be  
Added to Fees**

11. OFFICERS AND DIRECTORS

TITLE Owner  
NAME Rebecca Fuentes  
STREET ADDRESS 20131 SW 123 Dr  
CITY-ST-ZIP Miami FL 33177

TITLE  
NAME  
STREET ADDRESS  
CITY-ST-ZIP

TITLE Candida Grace  
NAME Co-owner  
STREET ADDRESS 20131 SW 123 Dr  
CITY-ST-ZIP Miami FL 33177

TITLE  
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13. I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Section 119.07(3)(i), Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 607, Florida Statutes; and that my name appears in Block 11 or on an attachment with an address, with all other like empowered.

SIGNATURE:

Rebecca Fuentes

SIGNATURE AND TYPED OR PRINTED NAME OF SIGNING OFFICER OR DIRECTOR

April 28 / 02

305 969 1192

DATE DAYTIME PHONE #